

Application for Modification to Premanufactured Unit**136**

Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plan Review Division
P.O. Box 30255
Lansing, MI 48909
517-241-9328
www.michigan.gov/bccfs

Agency Use Only

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| Authority: 1972 PA 230 Completion: Voluntary Penalty: Plans will not be reviewed | The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |
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Note: The applicant is responsible for all fees applicable to this application.

| | | | | |
|--|------|----------------------|-------------------------|---|
| MANUFACTURER | | | | |
| PRIMARY MANUFACTURER NAME (Note: Building Systems Approval Report and approved plans will be sent to this address) | | | C.A. NUMBER | |
| MANUFACTURER NAME | | | C.A. NUMBER | |
| MANUFACTURER NAME | | | C.A. NUMBER | |
| MANUFACTURER NAME | | | C.A. NUMBER | |
| MANUFACTURER NAME | | | C.A. NUMBER | |
| DESIGN DATA | | | | |
| MODEL NUMBER, NAME AND SIZE | | USE GROUP | CONSTRUCTION TYPE | |
| PREVIOUS BSAR NUMBER | | UNIT TYPE MODULAR | CORE | COMPONENT |
| DESCRIPTION OF MODIFICATION | | | | |
| PLAN REVIEW REQUEST | | | | |
| BUILDING | | ELECTRICAL | MECHANICAL | PLUMBING |
| PROJECT ARCHITECT/ENGINEER | | | | |
| NAME | | | MICHIGAN LICENSE NUMBER | |
| ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| APPLICANT (Note: All correspondence, except approval, will be sent to this address) | | | | |
| COMPANY | | NAME | | SOCIAL SECURITY NUMBER* OR FEIN (REQUIRED) |
| ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| APPLICANT SIGNATURE (Must be an original signature) | DATE | EMAIL | | FAX NUMBER (Include Area Code) |

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

| ITEM | LOCATION | | |
|--|--------------------|----------------------------|-------------------------|
| | PLANS Sheet No. | SPECIFICATIONS Page No. | SYS. MANUAL Page No. |
| BUILDING | | | |
| MATING DETAILS | | | |
| FOUNDATION CONNECTION DETAILS | | | |
| EXTERIOR ELEVATIONS | | | |
| MAJOR CROSS SECTIONS | | | |
| WALL SECTION | | | |
| FLASHING DETAILS | | | |
| ATTIC ACCESS | | | |
| ATTIC VENTILATION | | | |
| EXTERIOR MATERIALS & FINISHES | | | |
| INTERIOR MATERIALS & FINISHES | | | |
| FIRE SEPARATION ASSEMBLY LOCATIONS | | | |
| DOOR/WINDOW SCHEDULES | | | |
| FOUNDATION PLANS | | | |
| CRAWL SPACE VENTING | | | |
| ENERGY CONSERVATION CALCULATIONS | | | |
| ACCESSIBILITY DETAILS | | | |
| LOCATION OF SMOKE DETECTORS | | | |
| FIRE RESISTANCE RATING/DETAILS | | | |
| FIRESTOPPING/DRAFTSTOPPING DETAILS | | | |
| STAIR DETAILS | | | |
| TOXICITY & FLAME SPREAD RATING FOR INTERIOR FINISHES | | | |
| DESIGN SOIL BEARING CAPACITY | | | |
| FOUNDATION LOADS | | | |
| FOUNDATION SIZES & DETAILS | | | |
| STRUCTURAL FRAMING DETAILS | | | |
| HEADER/LINTEL SCHEDULES | | | |
| TRUSS DESIGN | | | |
| FASTENER SCHEDULE | | | |
| LABEL & DATA PLATE LOCATION | | | |
| SITE INSTALLED ITEMS | | | |
| ELECTRICAL | | | |
| PANEL SCHEDULE(S) | | | |
| SERVICE EQUIPMENT PLAN OR RISER DIAGRAM | | | |

| ITEM | LOCATION | | |
|---|--------------------|----------------------------|-------------------------|
| | PLANS Sheet No. | SPECIFICATIONS Page No. | SYS. MANUAL Page No. |
| GROUNDING METHOD AND DETAILS | | | |
| LOAD CALCULATIONS | | | |
| SIZE OF FEEDERS AND BRANCH CIRCUIT | | | |
| LOCATION OF MAIN DISCONNECT | | | |
| METHOD OF INTERCONNECTION BETWEEN UNITS | | | |
| LOCATION OF OUTLETS AND JUNCTION BOXES | | | |
| FIXTURE MOUNTING METHOD | | | |
| SPECIAL EQUIPMENT OR APPLIANCE LOCATIONS | | | |
| OPTIONAL EQUIPMENT PLANS OR DETAILS | | | |
| SITE INSTALLED ITEMS | | | |
| MECHANICAL | | | |
| IS HEATING SYSTEM INSTALLED IN THE FACTORY? YES NO | | | |
| IS HEATING EQUIPMENT SUPPLIED? YES NO | | | |
| HEATING AND COOLING EQUIPMENT LOCATIONS | | | |
| EQUIPMENT LOAD CALCULATIONS | | | |
| DUCT DESIGN CALCULATIONS | | | |
| DUCT AND REGISTER LAYOUTS | | | |
| LOCATIONS OF EXHAUST GRILLS IN BATHROOMS | | | |
| EXHAUST DUCT MATERIAL | | | |
| COMBUSTION AIR REQUIREMENTS | | | |
| VENTILATING AIR REQUIREMENTS | | | |
| VENTING SYSTEMS | | | |
| FIRE DAMPER LOCATIONS | | | |
| AIR BALANCING DEVICE LOCATIONS | | | |
| SMOKE DETECTORS IN DUCTWORK | | | |
| SPRINKLER SYSTEM | | | |
| SPRINKLER PLANS | | | |
| SPRINKLER CALCULATIONS | | | |
| MANUFACTURED FIREPLACE SPECIFICATION | | | |
| SITE INSTALLED ITEMS | | | |
| PLUMBING | | | |
| WATER PIPING SYSTEM | | | |
| AIR CHAMBERS | | | |
| VACUUM BREAKER ON HOSEBIBBS | | | |

| ITEM | LOCATION | | |
|---|--------------------|----------------------------|-------------------------|
| | PLANS Sheet No. | SPECIFICATIONS Page No. | SYS. MANUAL Page No. |
| SHOWER VALVES, TYPE AND TEMPERATURE SETTING | | | |
| INDIRECT WASTE | | | |
| CLEANOUTS | | | |
| SUBMIT RISER DIAGRAM | | | |
| MATERIAL-SPECIFICATIONS | | | |
| WATER HEATER DETAILS | | | |
| PIPE HANGER SPACING | | | |
| ACCESS PANEL LOCATION | | | |
| SITE INSTALLED ITEMS | | | |

FEE CALCULATION

| ITEM | FEE (each) | NUMBER | TOTAL |
|--------------------------------------|------------|--------------------|-----------------|
| FOUNDATION MODIFICATION/OPTIONS | \$100.00 | | |
| REVERSE PLAN MODIFICATION | \$100.00 | | |
| VARIOUS OPTIONS | \$100.00 | | |
| ADDITIONAL MANUFACTURER(S) SUBMITTAL | \$100.00 | | |
| | | GRAND TOTAL | \$ _____ |

Instructions for Application for Modification to Premanufactured Unit

Manufacturer: Multiple plants may be listed. Provide manufacturer name and compliance assurance (C.A.) number for each plant. The information provided must match the information on file.

Design Data: Provide all requested information. The building use, construction type and number of occupants shall be as prescribed by the building code.

Plan Review Request: Mark all plan reviews desired or required.

Project Architect / Engineer: Provide all requested information.

Applicant: Provide all requested information with an original signature. All correspondence, except approval, will be sent to this address, and this entity will be responsible for all fees.

Required Submittals for Plan Review

For each model, submit completed application, the appropriate fee made payable to the **State of Michigan** and three (3) sets of plans and/or specifications with **original seals and signatures** in accordance with 1980 PA 299. Also, modifications require one (1) copy of the original approved floor plan bearing the Construction Code Commission approval stamp and one (1) copy of the original Building Systems Approval Report to compare the modification requested to the original model. The first \$100.00 of an application is non-refundable.

Upon Receipt of All Applications

Written confirmation will be sent to the applicant. Further correspondence, concerning the requested plan reviews, will be sent to the applicant and the inspection agency. A copy of the Building Systems Approval Report(s) and two (2) sets of approved plans will be shipped to the primary manufacturer for appropriate distribution to any additional listed plants and inspection agency(ies).

Validation Area

U.S. Postal Service

Michigan Dept. of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plan Review Division
P.O. Box 30255
7150 Harris Drive
Lansing, MI 48909

Courier Other Than U.S. Postal Service

Michigan Dept. of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plan Review Division
2501 Woodlake Circle
Okemos, MI 48864